

57361

## CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001531**

<b>GENERATOR</b> (Generator Must Complete)		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)		④ Alternate TSD Facility		SFUND RECORDS CTR 999000889	
② Name <b>ALUMINUM COMPANY OF AMERICA</b> <b>VERNON WORKS</b>		Name <b>OPERATING INDUSTRIES, INC.</b>		Name <b>CHEMICAL WASTE MANAGEMENT INC.</b>			
EPA NO. <b>C A D 0 7 4 1 2 6 6 8 1</b>		EPA NO. <b>C A D 0 8 0 0 1 2 0 2 4</b>		EPA NO. <b>C A T 0 0 0 6 4 6 1 1 7</b>			
Address <b>5151 Alcoa Ave.</b> Phone No. <b>588-6141</b>		Address <b>900 N. Potrero Grande Dr.</b>		Address <b>P.O. Box 1104, 430 W. Elm Ave.</b>			
City, State, Zip <b>Vernon, Ca. 90058</b>		City, State, Zip <b>Monterey Park, Ca.</b>		City, State, Zip <b>Coalinga, Ca. 93210</b>			

⑤ U.S. DOT PROPER SHIPPING NAME		U.S. DOT HAZARD CLASS		UN/NA ID NO.		WEIGHT OR VOLUME		UNITS		CONTAINERS NUMBER:	
WASTE										TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS	
WASTE										<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK	
										<input type="checkbox"/> OTHER	

  

⑥ WASTE CATEGORY <b>#7</b>		⑦ EX. HAZ. WASTE PERMIT NO.		⑧ GENERATING PROCESS <b>Aluminum Fabrication</b>									
LIST COMPONENTS:		CONC. UPPER		RANGE LOWER		UNITS		CONC. UPPER		RANGE LOWER		UNITS	
⑨ A.						<input type="checkbox"/> % <input type="checkbox"/> ppm.		E.				<input type="checkbox"/> % <input type="checkbox"/> ppm.	
B.						<input type="checkbox"/> % <input type="checkbox"/> ppm.		F.				<input type="checkbox"/> % <input type="checkbox"/> ppm.	
C.						<input type="checkbox"/> % <input type="checkbox"/> ppm.		G.				<input type="checkbox"/> % <input type="checkbox"/> ppm.	
D.						<input type="checkbox"/> % <input type="checkbox"/> ppm.		Non Hazardous Material <b>100</b> %					
⑩ WASTE PROPERTIES: pH <b>7</b>		<input type="checkbox"/> Toxic		<input type="checkbox"/> Flammable		<input type="checkbox"/> Corrosive/Irritant		<input type="checkbox"/> Reactive		<input type="checkbox"/> Sensitizer		<input type="checkbox"/> Carcinogen/Mutagen	
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other												<b>Aluminum Oxides &amp; Water</b>	
⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other													

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *K. Sump*  
Signature of Authorized Agent and Title

**4-10-81**  
Date Shipped

<b>TRANSPORTER</b> (HAULER MUST COMPLETE)	
⑭ NAME <b>ASBURY OIL CO.</b>	
EPA NO. <b>C A D 0 2 8 2 7 7 0 3 6</b>	
ADDRESS <b>13419 Halldale Avenue</b> PHONE NO. <b>(213) 321-1392</b>	
CITY, STATE, ZIP <b>Gardena, California 90249</b>	
⑮ PICK-UP DATE <b>4-10-81</b> TIME <b>10:00 AM</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	
⑯ <i>Asbury</i> Signature of Authorized Agent and Title	
<b>4-10-81</b> Date	

<b>TSD FACILITY</b> (FACILITY-OPERATOR MUST COMPLETE)	
⑰ NAME <b>OPERATING INDUSTRIES, INC.</b>	
EPA NO. <b>C A T 0 0 0 6 4 6 1 1 7</b>	
PHONE NO. _____	
⑱ QUANTITY (If Measured) <b>100 BBL</b>	
⑲ STATE FEE (If Any) _____	
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____	
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____	
㉑ HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) _____ <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	
㉒ NAME _____	
EPA NO. _____	
㉓ <i>D. H. H. H.</i> Signature of Authorized Agent and Title	
<b>4-10-81</b> Date Accepted	

ORIGINAL